COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION (Includes PCT)

Attorney Docket No. **66352-045-7**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A CONTROL SYSTEM FOR A BANKNOTE HANDLER

the specification of which (check one):	[] is attached hereto.	•	
[] was filed on	as Application Serial No.	and wa	s amended
on	<u>_</u> .		
[X] was filed as PCT international app	lication noPCT/SE2005/000009	, filed 7 Jan. 2005	and was
amended under PCT Article 19 on		(if applicable).	
I hereby state that I have reviewed are the daims, as amended by any amend		bove-identified specification,	Including
I acknowledge the duty to disclose in with Title 37, Code of Federal Regulati	<u> </u>	patentability of this application	on in accordance
I do not know and do not believe the of my or our invention thereof, or patented thereof or more than one year prior to States of America more than one year subject of an inventor's certificate issue America on an application filed by me application.	d or described in any printed publication, that the same war prior to this application, that the ied before the date of this application	ation in any country before my as not in public use or on so invention has not been pater or in any country foreign to the	y or our invention ale in the United ated or made the United States of
I hereby claim foreign priority benefits inventor's certificate listed below and certificate having a filing date before the	d have also identified below any	foreign application for pate	
Prior ForeIgn Application(s)		Priorit	y Claimed
0400011-3 Sweder (Number) (Country			[] No
(Number) (Country	y) Day/Month/Ye	ear Filed Yes	[] No
		[]	I }
(Number) (Countr	y) Day/Month/Ye	ear Filed Yes	No
I hereby claim the benefit under Title 3 listed below:	35, United States Code, §119 (e) o	f any United States provision	nai application(s)
Application No. Day/Month/Year	Filed Application No.	Day/Month/Year Filed	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

Application Serial No.	Filing Date	Status (patented, pending, abandoned)
Application Serial No.	Filing Date	Status (patented, pending, abandoned)
I hereby appoint the register application and to transact all calls to telephone no. (202) 90	red practitioners associated with business in the Patent and Tra 6-8600 and faxes to (202) 906-8	ith Customer Nos. 25269 and 26127 to prosecute the demark Office connected therewith. Direct all telephone 18669.
Address all correspondence to 20005-3306.	o Dykema Gossett PLLC, Su	ite 300 West, 1300 I Street, N.W., Washington, D.
willful false statements and the Title 18 of the United States Coany patent issued thereon.	like so made are punishable to	n knowledge are true and that all statements made of at these statements were made with the knowledge the by fine or imprisonment, or both, under Section 1001 atements may jeopardize the validity of the application
Full Name of First Joint Inventor HEMMING, Jonas	Inventor's Sig	gnature Date
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Residence:		Citizenship
Post Office Address: Same as above		
Full Name of fourth Joint Inventor	Inventor's Signa	nature Date
Residence:		Citizenship
Post Office Address:		

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